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Under the Paperwork Reduction Act of 1995, no persons			Application Number	1	10/749,774				
TRANSMITTAL FORM			Filing Date	Decem	December 30, 2003				
			First Named Inventor	Anders Grunnet-Jepsen					
(to be used for all correspondence after initial filing)		Art Unit	2883						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Examiner Name	Charile Peng					
Total Number of Pages in This Submission 13			Attorney Docket Number	42P15138					
Total Number of Pages in This Submission									
		ENCL	OSURES (Check all that	t apply)		Ans Allow	vance communication		
Fee Transn	nittal Form	L.J. c	Drawing(s)				logy Center (TC)		
Fee Attached			Licensing-related Papers  Petition			Appeal Communication to Board of Appeals and Interferences			
						Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
Amendinen			Petition to Convert to a				y Information		
			Provisional Application Power of Attorney, Revocation		一				
		Change of Correspondence Addr	ince Address L		Status Letter Other Enclosure(s) (please				
Extension of Time Request		님 "	erminal Disclaimer			Identify below):	low):		
Express Abandonment Request		F	Request for Refund						
Information Disclosure Statement			CD, Number of CD(s)						
Certified Copy of Priority Remarks :									
Document(s)  Official response to Office Communication mailed 7-13-2005.									
Response to Missing Parts/ Incomplete Application									
Response to Missing Parts under 37 CFR 1.52 or 1.53									
	SIGNA	TURE O	F APPLICANT, ATTORN	EY, O	R AGEN	VT	-		
Firm									
Individual name	awrence m. Mennemeier	Heg. No.	51,003						
Signature									
Date 1	ate 11-14-2005								
CERTIFICATE OF TRANSMISSION/MAILING									
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	~ <del>****</del>				·····				
Typed or printed name Lawrence M. Mennemeter									
Signature Auny M			45			Date	11-14-2005		
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to									
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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995 on dersons are required to respond to a collection of information unless it displays a valid CMB control number CEIVED Effective on 12/08/2004 Complete if Known CENTR L FAX CENTER Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/749,774 **Application Number TRANSMIT** December 30, 2003 Filing Date **NU** 1 4 2005 For FY 2005 Anders Grunnet-Jepsen First Named Inventor **Examiner Name** Charlie Peng Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2883 (\$) 1020.00 TOTAL AMOUNT OF PAYMENT 42P15138 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP Deposit Account Deposit Account Number 02-2666 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 100 250 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 20 300 Reissue 500 600 150 250 300 200 Provisional 100 0 O 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** 40 - 20 or HP = 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Claims Extra Claims Fee Paid (\$) Fee (\$) Indep. -3 or HP = 0 O HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) 1) Extension for response within third month (Fee Code 1253) 1020.00

SUBMITTED BY		
Signature	Registration No. 51,003	Telephone 408-765-2194
Name (Print/Type)	Lawrence M. Mennemeier	Date November 14, 2005

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